

TRANSMITTAL FORM

Attorney Docket No.

BC9-99-069/1504P

In re the application **Jinny CHING, et al.**Serial No: **09/523,832**Filed: **March 13, 2000**Confirmation No: **6617**Group Art Unit: **2144**Examiner: **Thompson, Marc D.**For: **METHOD AND SYSTEM FOR EFFICIENT FILE TRANSFER TO/FROM A LOCAL TRAFFIC SYSTEM WITH A DMD SYSTEM**

ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
	<input type="checkbox"/> After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/>	Information disclosure statement	<input checked="" type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
	<input type="checkbox"/> Form 1449	<input checked="" type="checkbox"/>	3 Sheets Replacement Drwgs	<input type="checkbox"/>	Status Letter		
	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard		
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .					
	<input type="checkbox"/> Executed Declaration by Inventor(s)						

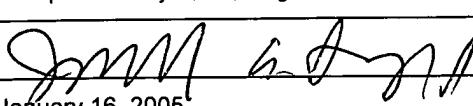
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$50.00	\$ 0.00
Independent Claims	0	0	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>1403.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees. Issue Fee \$1400.00; Patent Copy \$3.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	January 16, 2005